Under the Papers	vark Reduction Act of	1995, no person are a	equired to	respond to a collection	n of informate	on unlets & displays	s a valid OM	control number
Press pursuant to the Consolidated Appropriations Act, 7005 (NR. 4616). FEE TRANSMITTAL For FY 2007				Complete if Known				
				Application Number		09/107,486-Conf. #8134		
				Filing Date		June 80, 1998		
				First Named Inventor Examiner Name		Yoshiko SHIMORI K. Y. Poon		
Applicant claims small entity status. See 37 CFR 1,27				Art Unit 2625				
TOTAL AMOUNT OF PAYMENT (S) 790.00				Attorney Docket No. 0905-0206P				
METHOD OF PA	AYMENT (check	all that apply)						
h	Credit Card	Money Order	No	-	please ident			***************************************
x Deposit Accou	RK Deposit Account 8	Sumber: 02-2448	Üsposit Au	count Name:	Birch, Ste	wart, Kolasch	& Birch,	LLP
For the abo	ove-identified depo	sit account, the D	lirector is	s hereby authorize	ed to: (chec	k all that apply)		
hand	ge fee(s) indicated			i	e fee(s) ind	licated below, ex	xcept for t	he filing fee
X Chan	ge any additional f) under 37 CFR 1	ee(s) or underpay .16 and 1.17	ments o	f x Credit	any overpa	syments		
FEE CALCULA	TION				***************************************			
1. BASIC FILING,	SEARCH, AND E	KAMINATION FE	ES	***************************************				
	FII	FILING FEES		ARCH FEES	EXAMINATION FEE			
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Eage	Paid (\$)
Utility	300	150	500	250	200	100	7.555	Caimins
Design	200	100	100	50	130	65		
Plani	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	230	0	0		
2. EXCESS CLAIM		100	U	i)	0	U		D
Fee Description	rres						Fee (\$)	Small Entity Fee (\$)
liach claim over 20	(including Reiss	(sou					50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependen				360	180			
Total Claims	Extra Claims	Fee (5)	Fee i	Paid (\$)	Mi	Multiple Dependent Claims		
		· «			Fee (\$)		Fee Paid (\$)	
HF ≈ highest number	of total claims paid for	å greater man 20.						
Indep. Claims	Extra Claims	Fee (5)	Fee !	Paid (\$)				
HP = highest number	of independent claims	paid for if greater the	sn 3					
		he application si	ze fee du	ie is \$250 (\$125 f				0
Total Sheets	Extra Sheet	s Number	of each a	dditional 50 or fras			Fee	Paid (\$)
4. OTHER FEE(S)	199 +	/50 =		(round up to a who	ile riumber)	x		D (1) (b)
	ecification, \$130	foo (no email or	dity dies	ount)			<u>rees</u>	Paid (\$)
	filing surcharge)				tion (RCF	(see 37	7:	90.00
SUBMITTED BY	~ ~~~					***************************************		
SUBMITTED BY	AN A	acast Vasive	305.30	Registration No (Attorney/Agent)	40,439	Yelophone	(703) 20	5-8035
Name (Print/Type -D	Richard Ander	SOR			***************************************	Date 88857	2 3 20	Λ 7 ·
		***************************************	***************************************	·····			athe symmetry	135